

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*						
1	/						51						
2	/						52						
3	/						53						
4	/						54						
5	/						55						
6	/						56						
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21	12						71						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	19	↔		↔		↔	TOTAL DEP.	↔		↔		↔	
TOTAL CLAIMS	20						TOTAL CLAIMS						